



NOTICE OF AWARD/AMENDMENT

Agency/Dept.:		Date:	
Vendor Name:		Vendor ID:	
Contract Number:		Original Award Date:	
Contract Title:		NIGP Code:	
Buyer's Last Name:		Agency Open/Statewide:	<input type="checkbox"/> Open <input type="checkbox"/> Statewide

Performance Period

Effective Date:	Expiration Date:
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Agency				Vendor			
Address:				Address:			
City:		State:		City:		State:	
Zip:				Zip:			

Amendment

Amendment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amendment Number:
This amendment is part of the above referenced contract and is accepted under the terms and conditions thereof, except as herein amended.	

Follow-On Actions

Action:	
<input type="checkbox"/> Canceled <input type="checkbox"/> Amended <input type="checkbox"/> Renewed <input type="checkbox"/> Extended	
Effective Date:	Expiration Date:

Special Notes

Notes:

Approved By

State Purchasing Agent Name:	Phone Number:
Signature:	Date: